



West Virginia Division of Motor Vehicles

Commercial Licensing, IFTA Unit
P. O. Box 532, Charleston, WV 25322-0532
(304)558-4448 1-800-642-9066

Application for International Fuel Tax Agreement (IFTA) Credentials

Type or print clearly, all spaces must be completed. Mark n/a if not applicable.

1. BUSINESS LEGAL NAME _____
2. TRADE/DBA NAME (If different than legal name) _____
3. BUSINESS PHYSICAL ADDRESS _____
(Cannot be PO Box Number)
4. BUSINESS MAILING ADDRESS _____
(If different than Physical Address)
5. CONTACT PERSON'S NAME _____
6. TELEPHONE NUMBER _____ 7. FAX NUMBER _____
8. FEIN NUMBER OR SOCIAL SECURITY NUMBER _____ 9. ICC NUMBER _____
10. US DOT NUMBER _____ 11. IRP NUMBER _____

12. LIST NAMES AND ADDRESSES FOR ALL PARTNERS OR PRINCIPAL OFFICERS

NAME ADDRESS TITLE SOCIAL SECURITY NUMBER

13. TYPE OF OWNERSHIP CORPORATION () PARTNERSHIP () SOLE OWNERSHIP () OTHER () _____

14. INDICATE TYPES OF FUEL USED DIESEL () GASOLINE () LP () GASOHOL () NATURAL COMPRESSED GAS ()

Indicate with a check (✓), the jurisdictions in which you are operating, and in which you maintain bulk fuel storage

(OP=Operation, BF=Bulk Fuel Storage)

OP	BF	Jurisdiction	OP	BF	Jurisdiction	OP	BF	Jurisdiction	OP	BF	Jurisdiction
		AK Alaska			LA Louisiana			OH Ohio			CANADIAN
		AL Alabama			MA Massachusetts			OK Oklahoma			PROVINCES
		AR Arkansas			MD Maryland			OR Oregon			AB Alberta
		AZ Arizona			ME Maine			PA Pennsylvania			BC Brit. Columbia
		CA California			MI Michigan			RI Rhode Island			LB Labrador
		CO Colorado			MN Minnesota			SC South Carolina			MB Manitoba
		CT Connecticut			MO Missouri			SD South Dakota			NB New Brunswick
		DC Dist Of Columbia			MS Mississippi			TN Tennessee			NF Newfoundland
		DE Delaware			MT Montana			TX Texas			NS Nova Scotia
		FL Florida			NC North Carolina			UT Utah			NT NW Territory
		GA Georgia			ND North Dakota			VA Virginia			ON Ontario
		IA Iowa			NE Nebraska			VT Vermont			PE Prince Edward Isl.
		ID Idaho			NH New Hampshire			WA Washington			PQ Quebec
		IL Illinois			NJ New Jersey			WI Wisconsin			SK Saskatchewan
		IN Indiana			NM New Mexico			WV West Virginia			YT Yukon Territory
		KS Kansas			NV Nevada			WY Wyoming			
		KY Kentucky			NY New York						

16. HAVE YOU EVER BEEN ISSUED AN IFTA LICENSE BY ANOTHER IFTA JURISDICTION YES () NO ()

If yes, please list jurisdiction(s) _____

17. TWO (2) IDENTICALLY NUMBERED IFTA DECALS ARE REQUIRED FOR EACH QUALIFIED MOTOR VEHICLE OPERATED.

NUMBER OF QUALIFIED MOTOR VEHICLES REQUIRING DECAL _____ X \$5.00 = \$ _____ TOTAL

REQUEST FOR DECALS

"Qualified Motor Vehicles" means a motor vehicle used, designed, or maintained for transportation of persons or property and:

- having two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 lbs
- having three or more axles regardless of weight
- is used in combination when the weight of such a combination exceeds 26,000 lbs

"Qualified Motor Vehicles" does not include recreational vehicles

18. The applicant agrees to comply with the reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that West Virginia may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member states.

APPLICANT AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE IFTA APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE.

Signature of Applicant

Title

Date

IF A REPORTING SERVICE COMPLETES YOUR FUEL TAX REPORT, GIVE ITS NAME, ADDRESS AND PHONE NUMBER

If a Reporting Service completes your tax report, please execute the Power of Attorney Below

NOTARY REQUIRED ONLY IF POWER OF ATTORNEY IS REQUIRED

I (We) hereby appoint _____ as my (our) attorney in fact for all matters related to fuel taxes including, but not limited to, filing and discussion all required documents with any employee of the state of West Virginia.

Owner's Signature

Owner's Signature

NOTARY INFORMATION

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19____, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared _____ and acknowledged to me that he executed the same as his free and voluntary act and deed, and as the free and voluntary act and deed of said corporation, for the use and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Notary Public _____

My Commission Expires _____

SEAL